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APPLICANTS

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** CONTINUING DATA ***** NONE, Tw 9/22/06

** FOREIGN APPLICATIONS ***** NONE, Tw 9/22/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
10/31/2003

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examined</u> Examiner's Signature <u>Initials</u>				

ADDRESS

36822

TITLE

Surgical port device

FILING FEE RECEIVED 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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